

MARYLAND HEALTH CARE COMMISSION

BID BOARD NOTICE

Procurement ID Number: MHCC 13-002

Issue Date: May 24, 2012

Title: Standards to Connect to a Centralized Telemedicine Network

I. Purpose

The Maryland Health Care Commission (MHCC or Commission) will select a contractor on a time and materials basis to identify an appropriate range of industry standards and best practices that Maryland should adopt to connect telemedicine technology to a centralized network. The standards will be used to support the electronic exchange of clinical information that ensures interoperability and access to a provider directory. Telemedicine is generally considered a viable means of delivering health care remotely through the use of communication technologies. Evidence of the value of telemedicine is wide-ranging; telemedicine has improved time-to-diagnosis, facilitated care access for patients in remote regions, increased patient satisfaction, and bridged the gaps of distance and health care disparity.^{1 2, 3, 4, 5, 6}

In 2011, the Telemedicine Task Force Technology Solutions and Standards Advisory Group (advisory group) recommended that Maryland establish a centralized telemedicine network built on existing industry standards. Currently, telemedicine networks in Maryland are fairly disparate and are not readily capable of interoperating with other networks. Connecting telemedicine networks will increase provider availability to consult on care delivery and better enable the availability of medical services in remote areas of the state. A centralized telemedicine network is needed to support all medical services and allow existing networks to connect with other networks. Additionally, a provider directory service that identifies providers available to consult on care at the point of delivery should be included in a centralized telemedicine network.

II. Requirements

The MHCC is the state agency responsible for expanding health information technology in Maryland. Various state initiatives are underway to increase electronic health record adoption and implement a statewide health information exchange (HIE). The value of telemedicine is significantly increased when providers are able to exchange information between electronic health record systems as part of the patient evaluation process. The MHCC seeks a contractor to convene the advisory group to develop a technical standards manual/implementation guide (manual) to connect new and existing telemedicine networks to the centralized network.

The contractor will assist the MHCC in facilitating the advisory group to define technical systems and statewide standards related to the infrastructure to support interoperable telemedicine in Maryland.

¹ Journal of Telemedicine and Telecare, *Economic Evaluation in Telemedicine – Still Room for Improvement*, 16(5):229-231, 2010.

² Journal of Telemedicine and Telecare, *Systematic Review of Evidence for the Benefits of Telemedicine*, 8(1), 2002.

³ Journal of Telemedicine and Telecare, *Economic Evaluation in Telemedicine – Still Room for Improvement*, 16(5):229-231, 2010.

⁴ Neurology, *Long-Term Outcome after Thrombolysis in Telemedical Stroke Care*, 69(9): 898-903, August 2007.

⁵ CNS Spectrums: First in Applied Neuroscience, *Can Telepsychiatry Replace In-Person Psychiatric Assessments? A Review and Meta-Analysis of Comparison Studies*, 10(5): 403-413, May 2005.

⁶ Archives of Internal Medicine, *Impact of Telemedicine Intensive Care Unit Coverage on Patient Outcomes: A Systematic Review and Meta-analysis*, 171(6): 498-506, March 28, 2011.

Participants on the advisory group will be hospital Chief Information Officers, providers, and other stakeholders involved in telemedicine. Telemedicine initiatives in Maryland will be synergistic with the Maryland statewide HIE. Advisory group participants will develop criteria for organizations to connect to a Maryland Telemedicine Network. The contractor will be required to conduct a comprehensive literature review of telemedicine standards and draft the manual from the advisory group's recommendations. The contractor will also be required to collaborate with the statewide HIE, the Chesapeake Regional Information System for our Patients, to identify their ability to function as a centralized telemedicine network and implement a provider directory.

The outcome of the work will be detailed in a report that includes proposed key recommendations developed by the contractor for standards and technology solutions for interoperable telemedicine in Maryland; recommendations for policies and strategies that address unique concerns of various telemedicine models underway in Maryland, including videoconferencing and telemedicine hubs; and identify appropriate organizations to educate providers of the availability of the centralized telemedicine network and how to connect to the network. The contractor is required to research industry best practices or effective strategies in implementing telemedicine standards. The contractor is also required to work closely with the MHCC and the statewide HIE in completing the work.

Through a combination of independent literature review and facilitating advisory group discussions, the contractor is required to assist the MHCC in the development of the manual and report. The contractor is expected to have an understanding of telemedicine and the Telemedicine Task Force and be well suited to gain an understanding of industry needs around implementing interoperable telemedicine.

The contractor is required to perform the following activities:

1. Identify the appropriate existing core industry standards and best practices that Maryland should adopt to connect telemedicine technology to a centralized network used to support the electronic exchange of clinical information that ensures interoperability and access to a provider directory
 - The contractor should be guided by industry standards already in place, such as the International Organization for Standardization (ISO) *Health informatics – Interoperability of Telehealth Systems and Networks* and the American Telemedicine Association *Standards and Guidelines*
2. Convene the Telemedicine Technology Solutions and Standards Advisory Group to develop a technical standards manual/implementation guide (manual) to connect new and existing telemedicine networks to the centralized network. Working with the Advisory Group, the contractor will:
 - Identify the technology benefits and challenges of implementing defined standards and propose practical solutions
 - Identify the stakeholder level of readiness to implement the technical manual once defined
 - Create a cost analysis model for connecting telemedicine networks to a centralized telemedicine network
 - Identify telemedicine use cases in operation at acute care hospitals in the state and opportunities to expand support of the use to other telemedicine networks
3. Collaborate with the statewide HIE to determine the technology required to support the range of standards contained in the technical standards manual.
 - Identify the financial impact on implementing a phased telemedicine network and provider directory
 - Develop an implementation strategy that the statewide HIE could deploy
4. Develop recommendations for policies and strategies that address unique concerns of various telemedicine models underway in Maryland, including videoconferencing and telemedicine hubs.
5. Identify appropriate organizations to educate providers on the availability of the centralized telemedicine network and how to connect to the network

Alternatively, the responder may propose a different approach. The contractor has some latitude in deciding how to carry out the contract responsibilities and to make suggestions that will improve the project scope. Potential contractors must specify their expected approach in their response to this Bid Board Notice. If a bidder proposes to subcontract tasks, such as information gathering, analysis, and document development, the contractor must clearly identify and provide a detailed description of how any subcontractor(s) will carry out its assigned tasks. The contractor **must** have familiarity with telemedicine and telehealth initiatives, and HIE activities underway in Maryland. **The MHCC must approve all activities specific to each task prior to performance of the work, and approve all deliverables before the deliverable will be considered complete.**

Contract Deliverables & Due Dates

Key Deliverables	Due Date
Submit bi-weekly status reports on activities of the contractor	Ongoing
Participate in bi-weekly status meetings (in-person or telephone conference call) with the MHCC	Ongoing
Convene the first meeting of the advisory group	07/20/12
Convene the second meeting of the advisory group (if needed, and potentially virtual)	08/22/12
Convene the third meeting of the advisory group (if needed, and potentially virtual)	09/14/12
Draft manual of select existing core industry standards and best practices that Maryland should adopt	09/28/12
Final manual of select existing core industry standards and best practices that Maryland should adopt	10/31/12
Draft technology benefits and challenges of implementing defined standards and practical solutions	09/21/12
Final technology benefits and challenges of implementing defined standards and practical solutions	10/05/12
Draft stakeholder level of readiness to implement the technical manual once defined	09/21/12
Final stakeholder level of readiness to implement the technical manual once defined	10/05/12
Draft cost analysis model for connecting telemedicine networks to a centralized telemedicine network	10/3/12
Final cost analysis model for connecting telemedicine networks to a centralized telemedicine network	10/31/12
Draft telemedicine use cases in operation at acute care hospitals in the state and opportunities to expand support of the use to other telemedicine networks	09/7/12
Final telemedicine use cases in operation at acute care hospitals in the state and opportunities to expand support of the use to other telemedicine networks	09/28/12
Draft assessment of the statewide HIE's ability to function as a centralized telemedicine network	06/29/12
Final assessment of the statewide HIE's ability to function as a centralized telemedicine network	07/27/12
Draft recommendations for policies and strategies that address unique concerns of various telemedicine models underway in Maryland	10/3/12
Final recommendations for policies and strategies that address unique concerns of various telemedicine models underway in Maryland	10/31/12
Draft identification of appropriate organizations to educate providers of the availability of the centralized telemedicine network and how to connect to the network	9/7/12
Final identification of appropriate organizations to educate providers of the availability of the centralized telemedicine network and how to connect to the network	10/5/12
Draft final (combined) report	10/12/12
Final report	10/31/12

Note: Contract deliverables/due dates are tentative and subject to change at the discretion of the MHCC and are not listed within the table in any particular order.

Staffing Requirements

The contractor may propose to augment or revise the following list of required personnel. The contractor must demonstrate how its proposed staffing model will complete the tasks in a timely manner. Proposals must include an hourly rate for the work to be performed and an estimate of the total number of hours required to complete each task.

Staffing Design

Labor Categories	Description
Project Director	A senior level individual that will coordinate all aspects of the work, take responsibility for meeting the schedule of deliverables, and ensure the delivery of high quality work products. (Writing sample required).
Project Manager	A management level individual with experience in managing workgroups that can ensure broad participation and facilitate discussion among all participants. (Writing sample required).
Policy Analyst	A technical expert with at least five years of health information technology and report writing experience. (Writing sample required).

REFERENCES

As part of its proposal the contractor will be required to include references for similar work it has performed in health information technology activities and, if available, work performed specifically in relation to telemedicine.

TERM OF CONTRACT

The contract begins on **June 12, 2012** and ends on **November 30, 2012**. Contractor billing is required by the 15th of the month for the prior month and must include a description of the completed tasks in accordance with the Deliverable Schedule in Section II. All deliverables and work must be performed to the satisfaction of the MHCC for reimbursement approval.

ISSUING OFFICER

The Issuing Officer for this solicitation is Sharon Wiggins, Procurement Officer, Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215.

SUBMISSION DEADLINE

To be eligible for consideration, an original and five copies of each proposal must be received by the Issuing Officer at the Commission office by 4:00 p.m. **June 4, 2012**. **All bids must include Federal Tax Identification Numbers**. Vendors mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission. Bids may also be submitted electronically to swiggins@mhcc.state.md.us by the specified date and time.

Each bidder must indicate their eMaryland Marketplace (eMM) vendor number in the Transmittal Letter. In order to receive a contract award, a vendor must be registered on eMM. Registration is free. Go to <https://ebidmarketplace.com/> and click of "Registration" to begin the process then follow the prompts.

PROCUREMENT METHOD

The procurement method for this solicitation is a Small Procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. **The maximum award allowed under these regulations is \$25,000.**

REQUIRED DOCUMENTS

1. Please provide a concise description of your approach to completing the tasks(10 pages or less).
2. Please include individual resumes, writing samples, and references for each of the personnel who are to be assigned if your organization is awarded the contract. (Appendices are not included in the page count.) Subcontractors, if any, must be identified, and a detailed description of their contributing role

relative to the requirements of the proposal should be included in the proposal. Each resume should include the amount of experience the individual has completed relative to the work requested for this solicitation. Letters of intended commitment to work on the project from personnel must also be included.

TERMINATION CLAUSE

The State may terminate this contract at any time and for any reason. Bidders must acknowledge this statement in their response to this Bid Board Notice to be considered an acceptable response.

**MINORITY BUSINESS ENTERPRISES AND SMALL BUSINESSES
ARE ENCOURAGED TO RESPOND TO THIS SOLICITATION**